

I believe that the need for health insurance reform is clear. Insurance premiums keep going up, making coverage harder to afford for middle-class families and businesses. At the same time with unemployment still high, more and more Americans risk losing their coverage right when they need it most. And every day, people are being denied coverage because of pre-existing conditions like diabetes, or even pregnancy.

That is why I am absolutely committed to passing common sense reform that brings down costs so that all Americans have access to affordable, high-quality care. I also believe that any reform must maintain the right of patients to choose their doctors, and the ability of doctors to decide what treatment is best for their patients.

On Saturday, November 7, 2009, I took an historic vote. I voted in favor of H.R. 3962, the Affordable Health Care for America Act.

The legislation will reward quality care that delivers results, reforms the insurance industry to benefit ordinary people, promotes competition and choice for people who don't have insurance today or lose it in the future, and improves seniors' access to quality, affordable health care and protects the doctor-patient relationship.

I took great care in deciding how to vote on this legislation. I've spent my time in Congress

talking to people across southern Minnesota, from health care forums in 2007 to the health care town halls I had in the past few months. I've spoken with middle-class families, small business owners, doctors, nurses, seniors and health care policy experts. I've received thousands of phone calls from constituents and I've studied the legislation closely, spending hours reading it line-by-line.

“Pay for Results” Reform:

At the heart of reform was a provision my colleagues and I were able to include in the House health care reform legislation that stops runaway costs and rewards quality care. This initiative, which was spearheaded by Mayo Clinic, is central to rewarding high-quality care.

I have been an active member of the House “Quality Care Coalition” which is comprised of House members advocating for reform of the Medicare payment system so that it would pay for results and reward and incentivize “high-quality, low cost care”. The provision requires the independent Institute of Medicine (IOM) to recommend two fixes for health care providers in the Medicare reimbursement system and then the Secretary of Health and Human Services will implement those recommendations.

The geographic disparities fix: addresses geographic disparities in the Medicare reimbursement formula which cause some doctors to receive higher reimbursements for Medicare patients strictly because of location.

The pay for results fix: it makes recommendations to reform Medicare to pay doctors and hospitals based on their success in making patients well, rather than on the quantity of tests, office visits and other services they provide. This is essential to cut costs. Because Medicare will incentivize doctors to provide these higher quality, lower cost services, it will help seniors get well faster and stay well longer. The deal implements the findings of this IOM review through an automatic process unless a supermajority of the Congress moves to block implementation. There is immense political pressure from Members whose states benefit from these inequities to prevent these changes. This deal makes the changes data-driven and ensures that a few powerful members can't block needed reform without the consent of two thirds of their colleagues.

Last year, the world-renowned Mayo Clinic lost \$840 Million by serving Medicare patients because of this broken reimbursement formula. At the same time, as much as 30% of health care costs are wasteful and do not make a difference in the health of patients.

To read the text of this legislation, please [click here](#) .

To read the text of the manager's amendment, please [click here](#) .

To read a summary, please [click here](#) .